

Residential / Commercial Application

Demolition / Removal

Project Address:		
Applicant is: ☐ Property Owner ☐ Contractor ☐ Architect	☐ Engineer ☐ Other	
Applicant	_ E-mail	
Address		Phone #
Contractor	E-mail	
Address		Phone #
May we email your building permit? ☐ Yes ☐ No		
☐ Residential Project ☐ Non-residential Project		
☐ Demolition ☐ Removal to		(location)
☐ Aboveground Tank ☐ Underground Tank ☐ Detached Garage ☐ Other		
Existing electrical connections ☐ Yes ☐ No Existing water/sewer connections ☐ Yes ☐ No		
House-Mover's License applied for (Apply at City Clerk's Office) ☐ Yes ☐ No ☐ Not applicable		
Additional Description/Disposition of foundation walls and services to property:		
Date work to start:		
Date work to be completed by:		
* All construction debris shall be removed from the site		
* Asbestos and/or other contaminants may impose additional re	equirements from outside agenc	ies
I hereby certify that I have read and examined this application a ordinances governing this type of work will be complied with wh presume to give authority to violate or cancel the provisions of a performance of construction.	ether specified herein or not. Th	ne granting of a permit does not
Signature of Applicant	Date	
Printed Name:		
PLEASE ALLOW A MINIMUM OF 5 WORKING DAYS FOR PERMIT REVIEW AND APPROVAL		
Data received		Office Use Only
Date received		Permit Fee \$ 20.00